



# NEBRASKA SCHEDULE II – County/City Lottery Sales Outlet Location Application

- No license fee required
- Incomplete schedules will be returned
- Read instructions on reverse side

FORM

50G

PLEASE DO NOT WRITE IN THIS SPACE

1 Nebraska I.D. Number of County, City, or Village	2 County, City, or Village Name as shown on Form 50G
--	--

## SALES OUTLET LOCATION INFORMATION (Attach additional sheet if necessary)

Your social security number and date of birth are required under the Nebraska County and City Lottery Act and will be used to request criminal history information from law enforcement agencies to determine if the legal requirements for a lottery sales outlet location's license are met.

3 Nebraska Identification Number	4 Federal I.D. or Social Security Number	5 Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Report Changes <input type="checkbox"/> Cancel
----------------------------------	--	---

BUSINESS NAME AND LOCATION ADDRESS				BUSINESS NAME AND MAILING ADDRESS		
Name				Business Name		
Trade Name of Business (If Different Than Above)				Street or Other Mailing Address		
Street Address				City	State	Zip Code
City	State	Zip Code	County	Nebraska Liquor License Number		

6 Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Domestic Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Nonprofit Corporation or Organization <input type="checkbox"/> Partnership <input type="checkbox"/> Foreign Corporation <input type="checkbox"/> Domesticated Corporation <input type="checkbox"/> Other _____	7 Location Type <input type="checkbox"/> Keno Satellite <input type="checkbox"/> Keno Independent Game
---	--

8 List the social security number, full name, home address, date of birth, type of involvement, and percentage of ownership for each of the following persons involved with the applicant.

a. If a sole proprietorship, list the individual owner.

b. If a partnership, list each partner and spouse.

c. If a corporation, list each officer and spouse and each person or entity holding ten percent or more of the debt or equity of the applicant corporation. If any entity holding ten percent or more of the debt or equity of the applicant corporation is a partnership, limited liability company, or corporation, list each partner of such partnership, each member of such limited liability company, or each officer of such corporation and every person or entity holding ten percent or more of the debt or equity of any such partnership, limited liability company or corporation.

d. If a limited liability company, list each member and spouse.

e. If a nonprofit organization or nonprofit corporation, list each officer and the person designated as manager.

(Attach additional sheet if necessary)

Social Security Number	Name, Address, City, State, Zip Code (See instructions)	Date of Birth	Type of Involvement and Percentage of Ownership

9 Does any person other than those listed in line 8 above have any ownership interest in the license applicant? (See instructions)

☐ YES ☐ NO

If Yes, in the case of an individual, identify the social security number, full name, home address, date of birth, type of ownership interest of each such individual. In the case of a business, identify the federal employer identification number, business name, address, and type of ownership interest of each such business. (Attach additional sheet if necessary)

10a Has anyone listed in line 8 ever been convicted of, forfeited bond upon a charge of, or pled guilty or nolo contendere to any felony or misdemeanor at any time involving any gambling activity, fraud, theft, willful failure to make required payments or reports, or filing false reports with a government agency at any level? This includes shoplifting or issuing bad checks. If Yes, see instructions. <input type="checkbox"/> YES <input type="checkbox"/> NO	12 Do any of the individuals listed in line 8 above have a financial interest, directly or indirectly, in any company licensed as a manufacturer or distributor pursuant to the Nebraska Bingo Act or the Nebraska Pickle Card Lottery Act or in any company licensed as a manufacturer-distributor pursuant to the Nebraska County and City Lottery Act? If Yes, attach a detailed explanation of such interests. <input type="checkbox"/> YES <input type="checkbox"/> NO
10b Has anyone listed in line 8 ever been convicted of, forfeited bond upon a charge of, or pled guilty or nolo contendere to any felony other than that described in line 10a within ten years preceding the date of this application? If Yes, see instructions. <input type="checkbox"/> YES <input type="checkbox"/> NO	13 Does any member of the governing board or any governing official of the county, city, or village named in this application have any financial interest, directly or indirectly, in the business named in this application? If Yes, attach a detailed explanation of such interests. <input type="checkbox"/> YES <input type="checkbox"/> NO
11 Has each of the individuals listed in line 8 above filed fingerprint cards and proper fees for criminal background investigation with the Nebraska State Patrol, or when applicable, attached a signed affidavit for each spouse waiver? (See instructions) <input type="checkbox"/> YES <input type="checkbox"/> NO	

14 Do any of the individuals listed in line 8 above currently hold or have any of the individuals previously held any other licenses issued under the Nebraska Bingo Act, the Nebraska Pickle Card Lottery Act, the Nebraska Lottery and Raffle Act, or the Nebraska County and City Lottery Act?  
☐ YES ☐ NO If Yes, indicate the types of licenses, and their current status (active, suspended, cancelled, revoked, or expired).

Under penalties of law, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct. I will comply with the provisions of the Nebraska County and City Lottery Act and the regulations adopted under such Act.

sign  
here

Signature of Sales Outlet Location Owner, Member, Partner, Officer, or Person Authorized by Attached Power of Attorney	Title	Date	Daytime Telephone Number ( )
Name	Title	Daytime Telephone Number ( )	

## AUTHORIZATION – Signature of Governing Official

Attach documentation indicating approval of location by governing board of the county, city or village and a copy of the site agreement.

I declare that I have examined this application, and authorize the applicant to conduct a lottery on behalf of the county, city, or village named in this application.

sign  
here

Authorized Signature	Title	Date	Daytime Telephone Number ( )
----------------------	-------	------	------------------------------

## INSTRUCTIONS

**WHO MUST FILE.** Any individual, business, nonprofit organization, or nonprofit corporation that has contracted with a lottery operator to conduct a lottery on behalf of a county, city, or village must apply for and obtain a lottery sales outlet location license. This includes any individual or business whose only involvement with the operation of the lottery is the provision of space to the lottery operator, even if the space is leased to and staffed by the lottery operator.

**WHEN AND WHERE TO FILE.** All licenses issued to any lottery sales outlet location expire on May 31 of every even-numbered year and may be renewed on a biennial basis. The Nebraska Schedule II - County/City Lottery Sales Outlet Location Application may be submitted with the Nebraska Application for County/City Lottery, Form 50G, and the Nebraska Schedule I - County/City Lottery Operator Application, or submitted separately if the county, city, or village and lottery operator are already licensed. Applications for license renewal must be submitted to the Nebraska Department of Revenue at least 60 days prior to the expiration date of the license.

The Nebraska Schedule II is also to be utilized during the period covered by the license to report changes in the application information or to cancel the license. Any changes in the information originally submitted on the application must be provided to the Department within 30 days of such changes.

Mail the Nebraska Schedule II and attachments to the Nebraska Department of Revenue, Charitable Gaming Division, P.O. Box 94855, Lincoln, Nebraska 68509-4855. Please make a copy of this application for your records.

### SPECIFIC INSTRUCTIONS

**DEFINITION.** Sales outlet location as it applies to keno means a location other than the lottery operator location where keno wagers are placed. This includes any person whose only involvement with the operation of the lottery is the provision of space to the county, city, village, or lottery operator for a satellite location or independent location even if the space is leased to and staffed by the county, city, village, or lottery operator. Sales outlet location as it applies to a ticket drawing means a location where lottery tickets are sold.

**TYPE OF OWNERSHIP.** Enter the type of ownership under which your business is operated. Partnership includes all types of partnerships such as general, limited, and joint ventures. A domestic corporation is a corporation which is organized under the laws of Nebraska and has qualified to do business in this state. A foreign corporation is a corporation which is organized under the laws of another state. A domesticated corporation is a foreign corporation that is domesticated in Nebraska.

**LINE 7.** A keno satellite location is separate from a main keno location and electronically linked to the main location, but does not conduct its own winning number selection. An independent keno game location is not electronically linked to another location and does conduct its own winning number selection.

**LINE 8.** Identify the social security number, name, address, date of birth, type of involvement (owner, member, partner, officer, debt or equity holder, or spouse) and percentage of ownership of each individual or entity who has any interest in the entity to be licensed as a lottery sales outlet location. If a nonprofit organization or nonprofit corporation, identify each officer and the individual designated as manager. If any of the individuals required to be listed on line 8 have resided outside the State of Nebraska at any time during the past four

years, attach a list detailing all addresses with dates of residency in Nebraska during such four-year period.

An individual or entity is a debt holder of the partnership, limited liability company, or corporation if the person or entity holds any mortgages, notes, bonds, convertible debentures, or other obligations, whether written or oral, issued by the partnership, limited liability company, or corporation. For purposes of this application, a debt holder does not include any financial institution organized or chartered under the laws of Nebraska, any other state, or the United States relating to banks, savings institutions, trust companies, savings and loan associations, credit unions, installment loan licensees, or similar associations organized under the laws of Nebraska and subject to supervision by the Department of Banking and Finance. A person or entity is an equity holder of the partnership, limited liability company, or corporation if the person or entity holds any partnership or membership interest, or any capital stock, whether common or preferred, issued by the partnership, limited liability company, or corporation, respectively.

**LINE 9.** Identify any person(s) who have an ownership interest in the license applicant not listed in Line 8. Owner means a person with a right to share in the profits, losses, or liabilities of an applicant or licensee. The term includes loan guarantors who make actual debt payments for or contribute capital to a license applicant or licensee with a contingent right to share in the profits, losses, or liabilities of the operation. The term ownership interest is synonymous with owner.

**LINES 10a and 10b.** If the "Yes," box is checked, provide an attachment with the following information, if known:

1. The date and place the incident occurred.
2. The court case or docket number under which it is filed.
3. The original charge and ultimate disposition of the matter.
4. A description of the events which are the subject of the incident.

**LINE 11.** Nebraska Revised Statutes, Section 9-1,104, requires all new applicants for a sales outlet location license to be fingerprinted for criminal background investigation purposes. Please refer to the **Instructions for Completing Fingerprint Application** to determine who is subject to this requirement. Fingerprinting of a spouse will be waived if an Affidavit by Spouse for Waiver of Fingerprinting and/or Personal History Record and Background Disclosure Form for Charitable Gaming Licensees accompanies the application form. Fingerprinting may be waived for those applicants who have previously filed fingerprint cards with the Nebraska Liquor Control Commission. Each individual required to be fingerprinted must submit two fingerprint cards and the proper fees directly to the Nebraska State Patrol.

**AUTHORIZED SIGNATURES.** The application must be signed by a lottery sales outlet location owner, member, partner, officer, or person authorized by an attached power of attorney.

**COUNTY/CITY AUTHORIZATION.** The application must also be signed by a member of the governing board or a governing official of the county, city, or village as an indication of county/city/village approval of the applicant to participate in the lottery on its behalf.

Any questions regarding the completion of this application should be addressed to the Nebraska Department of Revenue, Charitable Gaming Division, P.O. Box 94855, Lincoln, Nebraska 68509-4855, telephone (402) 471-5937 or toll free (877) 564-1315.